DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.96	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.63	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.89	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	11.1	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	07	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

None of the DO's were below 8mg/l and all DO's had less than a .2 mg/l decrease over the intake.

ne and imprisonment for knowing violations.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am

aware that there are significant penalties for submitting false information, including the possibility of

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(509)634-4446

AREA Code

Daniel Garrett

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

06/01/202

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG		UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	19	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	06	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.04	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-10.71	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.51	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)6/01/2023	
TYPED OR PRINTED	and and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

None of the DO's were below 8mg/l and all DO's had less than a .2 mg/l decrease over the intake.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

WA0026328	REC-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
05/01/2023	05/31/2023

DMR Mailing ZIP CODE: 99155

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

MINOR

(SUBR 07)

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.43	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.92	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.94	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.7	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	11.08	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	11.14	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel woroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	4-4446)6/01/2023
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part I.D
- T = Sample upstream at half the depth of the pens. See Permit Part I.D
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.74	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.64	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.87	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.72	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.52	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.99	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

certify under penalty of law that this document and all attachments were prepared under my

ne and imprisonment for knowing violations.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am

aware that there are significant penalties for submitting false information, including the possibility of

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither the up stream or down stream D.O went below 8mg/l

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(509)634-4446

AREA Code

Daniel Garrett

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)7/10/202

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-3.33	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-39.17	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-62.82	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither the up stream or down stream D.O went below 8mg/l

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

WA0026328	REC-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
06/01/2023	06/30/2023

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

No Discharge

		QUAN	ITITY OR LOADII	1G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.34	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.03	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.59	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.98	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.93	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel +oroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	4-4446)7/10/2023
TYPED OR PRINTED	anc and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part I.D
- T = Sample upstream at half the depth of the pens. See Permit Part I.D
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

PACIFIC AQUACULTURE INC NAME:

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2 LOCATION: 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

WA0026328 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2023 07/31/2023

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.56	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.81	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.04	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.08	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.25	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.23	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	4-4446)8/02/2023
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my

for D.O both inflow and out flow did not go below 8ppm.

TELEPHONE

DATE

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MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-6.02	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-56.45	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-46.67	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for D.O both inflow and out flow did not go below 8ppm.

Form Approved
OMB No. 2040-0004

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FACILITY: PACIFIC AQUACULTURE INC - SITE 2 **LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)

NESPELEM, WA 99155

WA0026328	REC-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2023	07/31/2023	

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

No Discharge

		QUAN	ITITY OR LOADII	VG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.66	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.86	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.95	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.28	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.38	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)8/02/2023	
TYPED OR PRINTED	and imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part I.D
- T = Sample upstream at half the depth of the pens. See Permit Part I.D
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2023 05/01/2023

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.04	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.83	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.62	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.83	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.93	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	.19	*****	*****	mg/L			
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel woroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)6/01/2023	
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All receiving DOs were above 8mg/l as well as the decrease in available Dissolved Oxygen being >.2mg/l.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	.11	*****	*****	mg/L			
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	.17	*****	*****	mg/L			
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-23.26	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-11.75	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	4-4446)6/01/2023
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All receiving DOs were above 8mg/l as well as the decrease in available Dissolved Oxygen being >.2mg/l.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

DMR Mailing ZIP CODE:

P CODE: 99155

MINOR (SUBR 07)

UPSTREAM RUFUS WOODS LAKE Receiving Water (Ambient)

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.17	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.04	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.34	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.81	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.94	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	11.1	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)6/01/2023	
TYPED OR PRINTED	and any my sometric Knowing Voldoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part II.A.
- T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2023 06/01/2023

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.91	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.61	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.46	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.43	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.91	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.93	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and improviment of knowing volucions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

neither the receiving water or the out flow went below 8mg/L

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
06/01/2023	06/30/2023						

DMR Mailing ZIP CODE:

CODE: 99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-41.59	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-44.67	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-49.31	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

neither the receiving water or the out flow went below 8mg/L

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336	REC-1 DISCHARGE NUMBER NITORING PERIOD MM/DD/YYYY							
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
06/01/2023	7	06/30/2023						

DMR Mailing ZIP CODE: 99155

MINOR (SUBR 07)

UPSTREAM RUFUS WOODS LAKE Receiving Water (Ambient)

No Discharge

		QUAN	ITITY OR LOADII	1G	Q	UALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.27	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.91	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.88	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.17	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.91	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.96	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and improviment of knowing volucions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part II.A.
- T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2023	07/31/2023							

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.12	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.05	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.15	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.15	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.28	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEPI	DATE	
		who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)8/02/2023	
İ	TYPED OR PRINTED	and an imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for the turbidity per the permit our inflow is not over 50ntu, and our outflow did not increase over 5ntu. for the D.O both receiving and out flow was not under 8ppm.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 **LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

NESI ELLIN, WA 33133

ATTN: JOHN BIELKA, AQUACULTURE MGR

Γ	WA0026336 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD								
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY	MM/DD/YYYY							
	07/01/2023	07/31/2023							

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-23.29	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.75	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.16	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)8/02/2023	
TYPED OR PRINTED	and improviment for knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for the turbidity per the permit our inflow is not over 50ntu, and our outflow did not increase over 5ntu. for the D.O both receiving and out flow was not under 8ppm.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1 LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026336	REC-1						
PERMIT NUMBER	DISCHARGE NUMBER						
MONI	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2023	07/31/2023						

DMR Mailing ZIP CODE:

99155

(SUBR 07) UPSTREAM RUFUS WOODS LAKE Receiving Water (Ambient)

MINOR

No Discharge

		QUAN	ITITY OR LOADIN	١G	0	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.46	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.58	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.99	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.26	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.37	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.37	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)8/02/2023	
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part II.A.
- T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 LOCATION: COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026719		001-A					
PERMIT NUMBER		DISCHARGE NUM	BER				
MONITORING PERIOD							
MM/DD/YYYY]	MM/DD/YYY	Υ				
05/01/2023	7	05/31/2023	3				

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON			SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.93	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.01	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.29	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.68	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.95	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.95	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	05	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am	Daniel Garrett	TELEP	HONE	DATE
	information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)634-4446)6/01/2023
TYPED OR PRINTED	ine and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water had more than 8mg/l and the decrease between effluent and receiving water was >.2mg/l

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

99155

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ATTN: JOHN BIELKA, AQUACULTURE MGR

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: LOCATION: COLUMBIA RIVER RD (RM 576.4)

PACIFIC AQUACULTURE INC - SITE 3 NESPELEM, WA 99155

1	WA0026719	١	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	RING PERIOD		
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2023	7	05/31/2023

DMR Mailing ZIP CODE:

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	03	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	05	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-13.06	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.67	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.45	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or person who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)6/01/2023	
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water had more than 8mg/l and the decrease between effluent and receiving water was >.2mg/l

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

See Comments

See Comments

See Comments

See Comments

00300 S 0

0 T 00200

00300 U 0

Oxygen, dissolved [DO]

Oxygen, dissolved [DO]

Oxvaen, dissolved [DO]

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 LOCATION: COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: IOHN RIFLKA AOUACULTURE MGR

WA0026719 REC-1 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2023 05/31/2023

10.73

Req. Mon.

INST MIN

10.98

Req. Mon.

INST MIN

11

Reg. Mon.

INST MIN

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

INST MAX

mg/L

mg/L

mg/L

mg/L

mg/L

mg/L

UPSTREAM RUFUS WOOD LAKE Receiving Water (Ambient)

No Discharge

Weekly

Weekly

Weekly

Weekly

Weekly

Weekly

Grab

Grab

Grab

Grab

Grab

Grab

		QUANTITY OR LOADING		1G	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.37	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.99	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.12	NTU		Weekly	Grab
00070 U 0	PERMIT	*****	*****	*****	*****	*****	Reg. Mon.	NTU		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)6/01/2023	
TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT **PERMIT**

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

- S = Sample upstream at the surface. See Permit Part II.A.
- T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 **LOCATION:** COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE** VALUE UNITS ***** ***** ***** **** ***** Turbidity SAMPLE 1.59 NTU Weekly Grab **MEASUREMENT** ***** ***** ***** ***** ***** 00070 P 0 **PERMIT** 5 NTU Weekly Grab REQUIREMENT See Comments **INST MAX** SAMPLE **** ***** ***** Turbidity ***** **** 1.71 NTU Grab Weekly **MEASUREMENT** 00070 Q 0 **PERMIT** ***** ***** ***** ***** ***** 5 NTU Weekly Grab REQUIREMENT See Comments **INST MAX** SAMPLE ***** ***** ***** **** ***** Turbidity 1.95 NTU Weekly Grab **MEASUREMENT** PERMIT ***** ***** ***** ***** ***** NTU 100070 R 0 5 Weekly Grab REQUIREMENT See Comments **INST MAX** Oxygen, dissolved [DO] SAMPLE ***** ***** ***** 9.56 ***** ***** Weekly Grab mg/L MEASUREMENT ***** 00300 P 0 **PERMIT** **** ***** 8 ***** ***** Weekly Grab mg/L REQUIREMENT See Comments **INST MIN** SAMPLE Oxygen, dissolved [DO] **** ***** ***** 9.73 **** **** mg/L Weekly Grab MEASUREMENT **PERMIT** ***** ***** ***** ***** ***** 00300 O 0 8 Grab mg/L Weekly REQUIREMENT See Comments **INST MIN** SAMPLE ***** ***** ***** 9.77 ***** ***** Oxvaen, dissolved [DO] mg/L Weekly Grab **MEASUREMENT** 00300 R 0 **PERMIT** ***** ***** ***** 8 **** ***** Grab ma/L Weekly REQUIREMENT **INST MIN** See Comments Oxygen, dissolved [DO] SAMPLE **** **** ***** NODI 9 ***** ***** MEASUREMENT ***** ***** ***** ***** ***** 00300 S 0 **PERMIT** .2 Weekly Grab mg/L REQUIREMENT See Comments **INST MIN**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEPI	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and improviment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither receiving or down stream was below 8mg/l

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 **LOCATION:** COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

ſ	WA0026719	001-A	
	PERMIT NUMBER	DISCHARGE NUMBER	
	MONIT	TORING PERIOD	
	MM/DD/YYYY	MM/DD/YYYY	
	06/01/2023	06/30/2023	

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-34.57	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-28.45	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-13.72	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither receiving or down stream was below 8mg/l

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 LOCATION: COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026719	REC-1									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
06/01/2023	06/30/2023									

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

UPSTREAM RUFUS WOOD LAKE Receiving Water (Ambient)

No Discharge

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.43	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.39	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.26	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.43	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.94	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63)7/10/2023	
TYPED OR PRINTED	and improviment of knowing volucions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part II.A. T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 **LOCATION:** COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.21	NTU		Weekly	Grab
00070 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.82	NTU		Weekly	Grab
00070 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8	NTU		Weekly	Grab
00070 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.07	*****	*****	mg/L		Weekly	Grab
00300 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.22	*****	*****	mg/L		Weekly	Grab
00300 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.29	*****	*****	mg/L		Weekly	Grab
00300 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	8 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab

TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	34-4446)8/02/2023
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniei Garrett]

D--:--

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my

for turbidity our inflow was not over 50ntu, and out outflow did not change by 5ntu for D.O. for both inflow and out flow we did not go below 8ppm

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

99155

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 **LOCATION:** COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

WA0026719	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
07/01/2023	07/31/2023								

DMR Mailing ZIP CODE:

ilg Zir CODL.

MINOR (SUBR 07)

RUFUS WOODS LAKE External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI A	*****	*****				
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	.2 INST MIN	*****	*****	mg/L		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32.97	% effect		Weekly	Grab
82235 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.13	% effect		Weekly	Grab
82235 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab
Turbidity, % increas over intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	-14.89	% effect		Weekly	Grab
82235 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	% effect		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)63	4-4446)8/02/2023
TYPED OR PRINTED	and imprisonment to knowing violators.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for turbidity our inflow was not over 50ntu, and out outflow did not change by 5ntu for D.O. for both inflow and out flow we did not go below 8ppm

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665

NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3 LOCATION: COLUMBIA RIVER RD (RM 576.4)

NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

Г	WA0026719		REC-1					
	PERMIT NUMBER		DISCHARGE NUMBER					
ſ	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
Γ	07/01/2023	٦	07/31/2023					

DMR Mailing ZIP CODE:

99155

MINOR (SUBR 07)

UPSTREAM RUFUS WOOD LAKE Receiving Water (Ambient)

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE VALUE		UNITS	T EX	OF ANALYSIS	TYPE
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.91	NTU		Weekly	Grab
00070 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.78	NTU		Weekly	Grab
00070 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.94	NTU		Weekly	Grab
00070 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	NTU		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.17	*****	*****	mg/L		Weekly	Grab
00300 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.33	*****	*****	mg/L		Weekly	Grab
00300 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.39	*****	*****	mg/L		Weekly	Grab
00300 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	*****	mg/L		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Daniel Garrett	TELEPHONE		DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(509)634-4446)8/02/2023
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- S = Sample upstream at the surface. See Permit Part II.A. T = Sample upstream at half the depth of the pens. See Permit Part II.A.
- U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.